

HRSA STATE PLANNING GRANTS

FINAL REPORT TO THE SECRETARY: OVERVIEW

Each HRSA grantee State will complete a final report to the Secretary due thirty days after the grant end date or no later than September 30, 2006. These reports will reflect the State's experience in examining the uninsured population and developing proposals to expand health insurance coverage. HRSA will use the final State reports to develop a consolidated report to the Secretary on the State Planning Grants program.

The final State reports are to include the following major components:

Executive Summary

A summary of the activities conducted under the HRSA grant -- including the State's data collection activities and the policy options selected to increase health insurance coverage in the State -- and recommendations for Federal and State actions to support State efforts to provide health insurance for the remaining uninsured.

Section 1. Uninsured Individuals and Families

This section will include baseline information about health insurance in the State, including who the uninsured are; how the State approached the issue of studying the uninsured; and how the State used these findings in developing its plan for coverage expansion.

Section 2. Employer-based Coverage

This section includes an assessment of employer-based coverage in the State, employers' views on providing health insurance to their employees, and how this information informed the State's decisions on how to expand health insurance coverage.

Section 3. Health Care Marketplace

An assessment of the State's health care marketplace, including a description of how this information was obtained and how the findings affected policy deliberations.

Section 4. Options for Expanding Coverage

In this section, the State discusses the policy options selected for expanding coverage and the decision-making process used to reach those decisions. Includes a discussion of the State-level changes that would accompany such a plan.

Section 5. Consensus Building Strategies

The State discusses the process it used to achieve consensus on the policy options selected.

Section 6. Lessons Learned and Recommendations to States

The State discusses what it learned in designing its plan that could assist other States in seeking to expand coverage to all citizens. The State should also include any recommendations to other States regarding the policy planning process itself.

Section 7. Recommendations to the Federal Government

This section will include recommendations for Federal actions that could support State efforts.

Section 8. Overall Assessments of SPG Program Activity

This section will include broad assessments of the Program's effectiveness.

GUIDANCE FOR PREPARING FINAL REPORTS

Note to States: The questions included in the final report format were derived from the State grant proposals. While many of the questions included will be pertinent to your State's activities under the grant, many will not. Please use all questions below that are relevant to your grant work to guide the preparation of your report. Also include a discussion of grant work conducted in other relevant areas that are not included in the questions below.

Please only answer questions as they apply to the funded activities from September 1, 2005 through August 31, 2006. Also, please indicate where responses were submitted in an earlier report.

The numbered question format used here is designed to assist HRSA in compiling State responses and producing a consolidated report to the Secretary. In writing their individual reports, States are encouraged, but not required, to follow this numbered format. Some States may prefer to organize their reports by the seven broad sections included in this guidance, rather than answering the questions in numbered sequence. In either case, we encourage States to be as concise as possible in writing these final reports.

To assist in the process of compiling the consolidated report to the Secretary, States are asked to use to the following formatting guidelines: one-inch margins (top/bottom/both sides); single-spaced text with extra spacing between headings; Times New Roman font, size 12; and inclusion of endnotes rather than footnotes where applicable. We also request that States submit an electronic copy of the final report, in addition to the paper copies.

EXECUTIVE SUMMARY

The purpose of the executive summary is to provide an overview of the project work conducted under the HRSA grant, including a description of the insurance situation in the State as revealed by the data collection activities (survey work, focus groups, key informant interviews, etc.), and the policy options selected to increase health care coverage in the State. The executive summary should also briefly describe recommendations for Federal action to support State efforts to provide health insurance for the uninsured. The summary should be no more than 2-3 pages in length.

SECTION 1. SUMMARY OF FINDINGS: UNINSURED INDIVIDUALS AND FAMILIES

The purpose of this section is to describe (1) who the uninsured are in your State; (2) what strategy was used to obtain this information; and (3) how these findings are reflected in the coverage options that your State has selected or is currently considering. In discussing your

survey findings, please be sure to link the results directly to your State's coverage expansion strategy.

More detailed survey findings (reports, spreadsheets, etc.), as well as survey instruments and other descriptions of the research methodology, should be referenced in Appendix II.

*Questions 1.1 through 1.3 focus on the **quantitative** research work conducted by the State. If possible, please use the Current Population Survey definitions and data breaks, even if alternate data sources are used. This will allow comparisons across all states in the summary report.*

1.1 What is the overall level of uninsurance in your State?

1.2 What are the characteristics of the uninsured?

Income:

Age:

Gender:

Family composition:

Health status:

Employment status (including seasonal and part-time employment and multiple employers):

Availability of private coverage (including offered but not accepted):

Availability of public coverage:

Race/ethnicity:

Immigration status:

Geographic location (as defined by State -- urban/suburban/rural, county-level, etc.):

Duration of uninsurance:

Other(s):

1.3 Summarizing the information provided above, what population groupings were particularly important for your State in developing targeted coverage expansion options?
Synonymous

*Questions 1.4 through 1.13 focus primarily on the **qualitative** research work conducted by the State:*

- 1.4 What is affordable coverage? How much are the uninsured willing to pay?
- 1.5 Why do uninsured individuals and families not participate in public programs for which they are eligible?
- 1.6 Why do uninsured individuals and families disenroll from public programs?
- 1.7 Why do uninsured individuals and families not participate in employer sponsored coverage for which they are eligible?
- 1.8 Do workers want their employers to play a role in providing insurance or would some other method be preferable?
- 1.9 How likely are individuals to be influenced by:

Availability of subsidies?:

Tax credits or other incentives?:

- 1.10 What other barriers besides affordability prevent the purchase of health insurance?
- 1.11 How are the uninsured getting their medical needs met?
- 1.12 What are the features of an adequate, barebones benefit package?
- 1.13 How should underinsured be defined? How many of those defined as “insured” are underinsured?

SECTION 2. SUMMARY OF FINDINGS: EMPLOYER-BASED COVERAGE

The purpose of this section is to document your State’s research activities related to employer-based coverage: (1) what is the state of employer-based coverage? (2) how was the information obtained (surveys, focus groups, etc.)?; and (3) how are the findings reflected in the coverage options that have been selected (or are being considered) by the State?

*Questions within 2.1 focus on the **quantitative** research work conducted by the State:*

- 2.1 What are the characteristics of firms that do not offer coverage, as compared to firms that do?

Employer size (including self-employed):

Industry sector:

Employee income brackets:

Percentage of part-time and seasonal workers:

Geographic location:

Other(s):

For those employers offering coverage, please discuss the following:

Cost of policies:

Level of contribution:

Percentage of employees offered coverage who participate:

*Questions 2.2 through 2.7 focus primarily on the **qualitative** research work conducted by the State:*

- 2.2 What influences the employer's decision about whether or not to offer coverage? What are the primary reasons employers give for electing not to provide coverage?
- 2.3 How do employers make decisions about the health insurance they will offer to their employees? What factors go into their decisions regarding premium contributions, benefit package, and other features of the coverage?
- 2.4 What would be the likely response of employers to an economic downturn or continued increases in costs?
- 2.5 What employer and employee groups are most susceptible to crowd-out?
- 2.6 How likely are employers who do not offer coverage to be influenced by:

Expansion/development of purchasing alliances?:

Individual or employer subsidies?:

Additional tax incentives?:

- 2.7 What other alternatives might be available to motivate employers not now providing or contributing to coverage?

SECTION 3. SUMMARY OF FINDINGS: HEALTH CARE MARKETPLACE

The purpose of this section is to document your State's research activities related to the State's health care marketplace. The State should discuss (1) findings relating to the marketplace; (2) how the information was obtained; and (3) how the findings affected policy deliberations in the State.

- 3.1 How adequate are existing insurance products for persons of different income levels or persons with pre-existing conditions? How did you define adequate?
- 3.2 What is the variation in benefits among non-group, small group, large group and self-insured plans?
- 3.3 How prevalent are self-insured firms in your State? What impact does that have in the State's marketplace?
- 3.4 What impact does your State have as a purchaser of health care (e.g., for Medicaid, SCHIP and State employees)?
- 3.5 What impact would current market trends and the current regulatory environment have on various models for universal coverage? What changes would need to be made in current regulations?
- 3.6 How would universal coverage affect the financial status of health plans and providers?
- 3.7 How did the planning process take safety net providers into account?
- 3.8 How would utilization change with universal coverage?
- 3.9 Did you consider the experience of other States with regard to:

Expansions of public coverage?:

Public/private partnerships?:

Incentives for employers to offer coverage?:

Regulation of the marketplace?:

SECTION 4. OPTIONS FOR EXPANDING COVERAGE

The purpose of this section is to provide specific details about the policy options selected by the State. A number of States have not reached a consensus on a coverage expansion strategy and are not yet in a position to answer the questions included in this section. These States should answer questions 4.1 through 4.15 as applicable, but should focus primarily on questions 4.16, 4.18, and 4.19.

- 4.1 Which coverage expansion options were selected by the State (e.g., family coverage through SCHIP, Medicaid Section 1115, Medicaid Section 1931, employer buy-in programs, tax credits for employers or individuals, etc.)?

For each option identified, complete questions 4.2 through 4.15 (if relevant to your State's planning process):

- 4.2 What is the target eligibility group under the expansion?
- 4.3 How will the program be administered?
- 4.4 How will outreach and enrollment be conducted?
- 4.5 What will the enrollee (and/or employer) premium-sharing requirements be?
- 4.6 What will the benefits structure be (including co-payments and other cost-sharing)?
- 4.7 What is the projected cost of the coverage expansion? How was this estimate reached? (Include the estimated public and private cost of providing coverage.)
- 4.8 How will the program be financed?
- 4.9 What strategies to contain costs will be used?
- 4.10 How will services be delivered under the expansion?
- 4.11 What methods for ensuring quality will be used?
- 4.12 How will the coverage program interact with existing coverage programs and State insurance reforms (e.g., high-risk pools and insurance market reforms), as well as private sector coverage options (especially employer-based coverage)?
- 4.13 How will crowd-out will be avoided and monitored?
- 4.14 What enrollment data and other information will be collected by the program and how will the data be collected and audited?
- 4.15 How (and how often) will the program will be evaluated?
- 4.16 For each expansion option selected (or currently being given strong consideration), discuss the major political and policy considerations that worked in favor of, or against, that choice (e.g., financing, administrative ease, provider capacity, focus group and survey results). What factors ultimately brought the State to consensus on each of these approaches?

- 4.17 What has been done to implement the selected policy options? Describe the actions already taken to move these initiatives toward implementation (including legislation proposed, considered or passed, and administrative actions such as waivers), and the remaining challenges.
- 4.18 Which policy options were not selected? What were the major political and policy considerations that worked in favor of, or against, each choice? What were the primary factors that ultimately led to the rejection of each of these approaches (e.g., cost, administrative burden, Federal restrictions, constituency/provider concerns)?
- 4.19 How will your State address the eligible but not enrolled in existing programs? Describe your State's efforts to increase enrollment (e.g., outreach and enrollment simplifications). Describe efforts to collaborate with partners at the county and municipal levels.

SECTION 5. CONSENSUS BUILDING STRATEGY

- 5.1 What was the governance structure used in the planning process and how effective was it as a decision-making structure? How were key State agencies identified and involved? How were key constituencies (e.g., providers, employers, and advocacy groups) incorporated into the governance design? How were key State officials in the executive and legislative branches involved in the process?
- 5.2 What methods were used to obtain input from the public and key constituencies (e.g., town hall meetings, policy forums, focus groups, or citizen surveys)?
- 5.3 What other activities were conducted to build public awareness and support (e.g., advertising, brochures, Web site development)?
- 5.4 How has this planning effort affected the policy environment? Describe the current policy environment in the State and the likelihood that the coverage expansion proposals will be undertaken in full.

SECTION 6. LESSONS LEARNED AND RECOMMENDATIONS TO STATES

- 6.1 How important was State-specific data to the decision-making process? Did more detailed information on uninsurance within specific subgroups of the State population help identify or clarify the most appropriate coverage expansion alternatives? How important was the qualitative research in identifying stakeholder issues and facilitating program design?
- 6.2 Which of the data collection activities were the most effective relative to resources expended in conducting the work?

- 6.3 What (if any) data collection activities were originally proposed or contemplated that were not conducted? What were the reasons (e.g., excessive cost or methodological difficulties)?
- 6.4 What strategies were effective in improving data collection? How did they make a difference (e.g., increasing response rates)?
- 6.5 What additional data collection activities are needed and why? What questions of significant policy relevance were left unanswered by the research conducted under HRSA grant? Does the State have plans to conduct that research?
- 6.6 What organizational or operational lessons were learned during the course of the grant? Has the State proposed changes in the structure of health care programs or their coordination as a result of the HRSA planning effort?
- 6.7 What key lessons about your insurance market and employer community resulted from the HRSA planning effort? How have the health plans responded to the proposed expansion mechanisms? What were your key lessons in how to work most effectively with the employer community in your State?
- 6.8 What are the key recommendations that your State can provide other States regarding the policy planning process?
- 6.9 How did your State's political and economic environment change during the course of your grant?
- 6.10 How did your project goals change during the grant period?
- 6.11 What will be the next steps of this effort once the grant comes to a close?

SECTION 7. RECOMMENDATIONS TO THE FEDERAL GOVERNMENT

- 7.1 What coverage expansion options selected require Federal waiver authority or other changes in Federal law (e.g., SCHIP regulations, ERISA)?
- 7.2 What coverage expansion options not selected require changes in Federal law? What specific Federal actions would be required to implement those options, and why should the Federal government make those changes?
- 7.3 What additional support should the Federal government provide in terms of surveys or other efforts to identify the uninsured in States?
- 7.4 What additional research should be conducted (either by the federal government, foundations, or other organizations) to assist in identifying the uninsured or developing coverage expansion programs?

SECTION 8. OVERALL ASSESSMENTS OF SPG PROGRAM ACTIVITY

(Please provide as many concrete examples as possible)

- 8.1 What is the likely impact of program activities in the near future? What were the major impediments and facilitators for improved outcomes? Include specifics about changes in budgetary environment, changes in political leadership etc.
- 8.2 What is the state's current view of most feasible expansion options? What direction was deemed most feasible and why?
- 8.3 What do you foresee to be the sustainability of programs implemented as a result of the SPG program, or the likelihood that programs currently under consideration will be implemented?
- 8.4 Did your SPG program activity create an impetus to change your state's Medicaid program via a waiver, changes in eligibility or cost-sharing?
- 8.5 Please describe the realities of state decision-making regarding insurance expansion in terms of things that facilitate and inhibit policy changes.
- 8.6 Concretely, what was the value of the funding data collection analysis? How were the results used to shape political thinking and build consensus on ways to cover the uninsured? What is the value of data being re-collected and at what frequency?
- 8.7 In terms of the data collection activities pursued through the SPG grant, are there certain ones you would do differently based on experience?
- 8.8 How have stakeholder groups evolved over time? In hindsight, what are the central components to putting and keeping together a successful steering committee?
- 8.9 What activities will be discontinued as a result of the SPG grant coming to a close?
- 8.10 Highlight specific lessons about potential policy options that could be used by HHS and states to shape future activities.
- 8.11 Please comment on how helpful the site visit, availability to talk/email with AcademyHealth staff, and general technical assistance of AcademyHealth was to your project?
- 8.12 Please comment on how helpful the HRSA SPG grantee meetings were to your project?
- 8.13 Please comment on how helpful the technical assistance from SHADAC was to your project?

- 8.14 Please comment on how helpful the Arkansas Multi-State Integrated Database System was to your project, (if applicable).
- 8.15 Please comment on how useful the Agency for Healthcare Research and Quality's technical assistance and survey work (e.g. MEPS-IC) was to your project.
- 8.16 Please comment on the long-term effect (if any) of your state's SPG program on future efforts to improve coverage via:
- a. Data collection - e.g. surveys, focus groups, etc.
 - b. Data analysis – e.g. modeling, actuarial analysis
 - c. Political understanding/education
 - d. Approaches and structure for collaboration

APPENDIX I: BASELINE INFORMATION

Please provide the following baseline information about your State (if possible). Also include any additional baseline information especially relevant to your coverage expansion strategies:

Population:

Number and percentage of uninsured (current and trend):

Average age of population:

Percent of population living in poverty (<100% FPL):

Primary industries:

Number and percent of employers offering coverage:

Number and percent of self-insured firms:

Payer mix:

Provider competition:

Insurance market reforms:

Eligibility for existing coverage programs (Medicaid/SCHIP/other):

Use of Federal waivers:

APPENDIX II: LINKS TO RESEARCH FINDINGS AND METHODOLOGIES

Indicate the Web site addresses for any additional sources of information regarding your State's research work, including detailed data spreadsheets, cross-tabs, focus group and key informant interview summary reports, survey instruments, and summaries of research methodology.

APPENDIX III: SPG SUMMARY OF POLICY OPTIONS

Using the following chart, please list the policy options considered and/or implemented under the HRSA SPG, including original grant and continuation grants. For each policy option described,

please include data on a cumulative basis per fiscal year (FY), e.g. FY 2006 starts October 1, 2005 and ends September 30, 2006.

Option considered	Target Population	Estimated Number of People Served	Status of approval (for example waivers submitted or legislation proposed) Please provide month and year when waiver or legislation was proposed and if approved, month and year of approval	Status of implementation (please include month and year program or initiative began)	If implemented, most recent estimate within the federal fiscal year (Oct.1 – Sept 30) of number people served. Please provide the month and date of the point in time estimate provided.
1.					
2.					
3.					

(Please list each item in separate rows of chart. Additional rows may be added to the chart.)